



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10657</u>	Contact Name and Telephone:
Name of Operator: <u>PCR OPERATING LLC</u>	Name: <u>Brenda Ramirez</u>
Address: <u>4040 BROADWAY STREET #510</u>	Phone: <u>(210) 4515545</u> Fax: <u>()</u>
City: <u>SAN ANTONIO</u> State: <u>TX</u> Zip: <u>78209</u>	Email: <u>bramirez@passcreekresources.com</u>

OPERATOR COMMENTS AND SUBMITTAL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Brenda Ramirez
 Title: Accountant Date: 10/25/2017 Email: bramirez@passcreekresources.

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 7 Approved: 7 Modified: 2 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2017				
1	087-05378-00	AJU HOUGH A 2	DSND	SI
2	087-05433-00	AJU GEYER B1	DSND	SI
3	087-05377-00	AJU HOUGH B 4	N-COM	PR
4	087-05280-00	AJU JOHNSON-GLN 1	JSND	SI
5	087-05396-00	AJU HOUGH B 2	DSND	SI
6	087-05391-00	AJU HOUGH B 6	DSND	SI
7	087-08168-00	HOUGH 157-7-H1	N-COM	SI

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2017				
3	087-05377-00	AJU HOUGH B 4	N-COM	PR
7	087-08168-00	HOUGH 157-7-H1	N-COM	SI

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401440309	Form 07 SUBMITTED
401440313	Imported Data

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)